



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY STROKE AND REHABILITATION CENTER, INC

City of Hospital: Crown Point

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Community Hospital Munster

Email Address: msteffen@comhs.org

Medicare Provider Number: 15-3045

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13594721
Outpatient Patient Service Revenue	\$10608753
Total Gross Patient Service Revenue	\$24203474

2. Deductions From Revenue

Contractual Allowance	\$15108380
Other Deductions	\$124184
Total Deductions	\$15232564

3. Total Operating Revenue

Net Patient Service Revenue	\$8970910
Other Operating Revenue	\$259669
Total Operating Revenue	\$9230579

4. Operating Expenses

Salaries and Wages	\$4743117	Employee Benefits	\$1065971
Depreciation and Amortization	\$3379335	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$7032949
Total Operating Expenses	\$16221372		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6990793	Total Assets	\$58195403
Net Non-operating Gains over Loss	\$326	Total Liabilities	\$2011880

Total Net Gains	\$-6990467
-----------------	------------

Statement Two: Contractual Allowance
--------------------------------------

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$17308685	\$10686220	\$6622465
Medicaid	\$488632	\$433648	\$54984
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$6406157	\$3988512	\$2417645
Total	\$24203474	\$15108380	\$9095094

Statement Three: Donations Statement
--------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$3000	\$-3000

Statement Four: Research Statement
------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
-------------------------------------

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	349
Number of Citizens Exposed to Health Education Messages	8,638

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$49867
--------------------------	---------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$162	
HCI Payments	\$0		
Subtotal	\$0	\$162	\$-162
Medicaid Shortfalls	\$36430	\$277730	
Subtotal	\$36430	\$277892	\$-241462
DSH Payments	\$0		
Subtotal	\$36430	\$277892	\$-241462
Medicare Shortfalls	\$6466961	\$11326406	
Other Government Programs	\$524	\$3998	
Total	\$6503915	\$11608296	\$-5104381

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//